



April 15, 2021

Announcement 2472

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for March 2021 Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of March 2021 and have compiled a list of the top 10 reasons for which claims have denied. The table below lists the top 10 error codes along with the Explanation of Benefits (EOB) code that appears on the remittance advice for the claim denials, the error code descriptions and instructions to providers on how to resolve the claim denials.

| Error Code | EOB Code on Remittance Advice | Error Code Description | Resolution or Workaround |
|------------|-------------------------------|--|--|
| 908 | 0908 | PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager) | The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager. Provider will need to verify that the NDC is a payable and covered code. NDC information can be located at: https://www.medicaid.nv.gov/providers/ndc.aspx Providers may also reach out to the Pharmacy Benefits Manager at: 866-244-8554 (Pharmacy Help Desk). |
| 3347 | 0609 | No Payable Accommodation Code | Error code 3347 will typically post as a denial along with additional denial code(s). Providers must review their submitted claim and open the Adjudication Errors panel. |
| 451 | 0452 | No Crossover Coinsurance or Deductible Due | Provider will need to submit a new claim using the regular Fee-for-Service claim along with the Medicare denial reason. See the Submitting Secondary Claims to Nevada Medicaid provider training presentation for more billing information when Third-Party Liability (TPL) is present. |
| 4801 | 0116 | No Billing Rule for Procedure | Provider should verify that the code being billed is a payable code by Nevada Medicaid. Review the Search Fee Schedule for more information. |
| 1070 | 1464 | Procedure Missing on Outpatient Claim | Provider must enter a valid procedure code on the detail level of the claim and submit a new claim. |
| 1011 | 1011 | Contract could not be determined – HDR (header level) | Provider must verify that the National Provider Identifier (NPI) being listed is under contract with Nevada Medicaid for the dates of service indicated on the claim. |

| Error Code | EOB Code on Remittance Advice | Error Code Description | Resolution or Workaround |
|------------|-------------------------------|---|---|
| 3959 | 1178 | No Reimb (Reimbursement) Rule for Rev (Revenue) Code | <p>Provider must review the claim for any additional adjudication errors and make any necessary changes.</p> <p>Also review the recipient's dates of eligibility and Benefit Plans.</p> <p>Verify the dates of service associated with the claim.</p> |
| 2003 | 3006 | Client ineligible on DTL DOS (detail level date of service) | <p>Provider will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan.</p> <p>This may be completed in the Electronic Verification System (EVS) by reviewing the Member Eligibility tab.</p> |
| 709 | 0709 | Provider Type/Specialty is not allowed to bill NDC | <p>Provider will need to verify the Billing NPI listed on the claim is able to bill NDCs.</p> |
| 4208 | 0793 | CLIA License Number Invalid | <p>Provider will need to verify that the Certified Laboratory Improvement Amendments (CLIA) License Number listed on their application/contract is correct and make any necessary changes via EVS.</p> |